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**DATE:** August 18, 2004

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**MESSAGE:**

Transmittal Form  
Change of Correspondence Address  
Certificate of Transmission

*10/623,833*

**FAX NUMBER:** 717-237-5300

**PARALEGAL RESPONSIBLE:** Patricia L. Ballantyne **TELEPHONE:** 717-237-5289

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PTO/SB/21 (02-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/823,833
Filing Date	7/21/2003
First Named Inventor	Rotondo, Giuseppe
Art Unit	2882
Examiner Name	N/A
Total Number of Pages in This Submission	2
Attorney Docket Number	22177-0023

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission Change of Correspondence Address Application
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	McNees Wallace & Nurick LLC Brian T. Sabizahn
Signature	
Date	August 18, 2004

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Typed or printed name	Patricia L. Ballantyne	Date	August 18, 2004
Signature			

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PTO/SB/122 (08-03)

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<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>		Application Number	10/823,833
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.		Filing Date	21-Jul-2003
		First Named Inventor	Rotondo, Giuseppe
		Art Unit	2862
		Examiner Name	N/A
		Attorney Docket Number	22177-0023

Please change the Correspondence Address for the above-identified application to:

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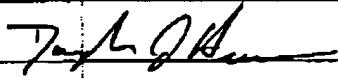
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 Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  
 Attorney or agent of record. Registration Number **33,249**.  
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Typed or  
Printed Name **Douglas J. Hura**

Signature 

Date **8-17-04** Telephone **717-849-4468**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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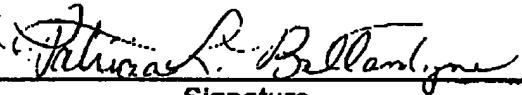
PTO/SB/07 (08-03)  
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Transmittal Form  
Change of Correspondence Address Application

Attorney Docket No.: 22177-xxxx

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